Department of Toxic Substances Control



Biennial Hazardous Waste Report

E-mail: brsstaff@dtsc.ca.gov Business Operations Unit (800) 618-6942



WHY DO THIS REPORT?

- Required by law
- Measures waste minimization efforts in industry groups
- Improves understanding of hazardous waste generation and management
- Summarizes and communicates the results of the reporting effort to the public.



WHO HAS TO FILE?



- RCRA Large Quantity Generators (LQGs)
- Treatment, Storage, and Disposal Facilities (TSDFs)
- One time clean-up: Generated 220 lbs. or more of acute RCRA waste





RCRA LARGE QUANTITY GENERATORS (LQGS) (CFR TITLE 40 § 262.41)

- ▶ Generated, in any single calendar month, (including quantities imported by importer site) 1,000 kg. (2,200 lbs.) or more of RCRA non-acute hazardous waste, OR
- ▶ Generated, in any single calendar month, more than 1 kg. (2.2 lbs.) of RCRA <u>acute</u> hazardous waste, OR
- ▶ Generated, in any single calendar month, more than 100 kg. (220 lbs.) of spill cleanup material contaminated with RCRA <u>acute</u> hazardous waste.



REQUIRED FORMS

- RCRA Subtitle C Site Identification Form (SI Form)
- Generation and Waste Management Form (GM Form) and/or
- Waste Received from Off-site Form (WR Form)

PLEASE DO NOT SUBMIT...

- OI Forms
- Non-RCRA waste information (except TSDFs)



QUICK AND EASY FILING!



File electronically at:

DTSC Hazardous Waste Reporting System



WHY FILE ELECTRONICALLY?

- 1. No paper form to complete.
- 2. It's simple, easy, and quick.
- 3. The new database provides your site location information; you just verify it.
- 4. No more errors! The database automatically tells you if you have an error.
- 5. No more lost Biennial Reports.
- After you file electronically, all you need to do is sign and send in the last page of your Site Identification Form.
- 7. You can review your report after filing.

WHATIS MANDATORY?

SUBTITLE C SITE IDENTIFICATION FORM (SI FORM)

SITE ID (PAGE 1)

Still want to fill out the forms?

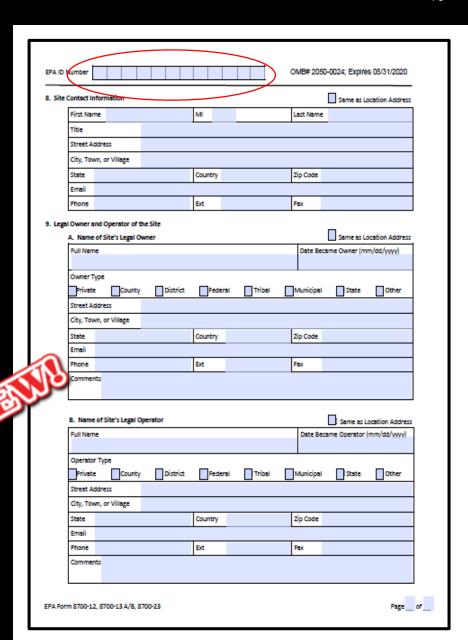
- Reason for Submittal: check the second two boxes
- 2-3. Enter your information
- 4. Do not change location!
- 5-6. Enter your information
- If you do not know your code, go to www.naics.com

			OMB# 2050-0	024; Expires 05/31/20
Unite	ed States Environme	ntal Protection Ag	gency	A CONTRACTOR OF THE PARTY OF TH
RCR	RA SUBTITLE C SITE IC	DENTIFICATION FO	DRM	N nome
son for Submittal (Select of	only one.)			
	odating an EPA ID number fo HSM activity)	r an on-going regulated	activity that will co	ontinue for a period of
	component of the Hazardon	us Waste Report for	(Reportin	ng Year)
waste	as a TSD facility and/or gene , or > 100 kg of acute hazard ste equivalent LQG regulatio	lous waste spill cleanup i		
Notifying that r	regulated activity is no longe	r occurring at this Site		
Obtaining or up	odating an EPA ID number fo	r conducting Electronic I	Manifest Broker ac	tivities
Submitting a ne	ew or revised Part A Form			
EPA ID Number				
T T T T T T T T T T T T T T T T T T T				
Name				
Location Address				
Location Address Street Address				
			County	
Street Address	Country		County Zip Code	
Street Address City, Town, or Village State	Country		-	
Street Address City, Town, or Village State Mailing Address	Country		-	Same as Location Addi
Street Address City, Town, or Village State Mailing Address Street Address	Country		-	Same as Location Add
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Street Address City, Town, or Village State Mailing Address Street Address City, Town, or Village State Land Type Private Count th American Industry Clas	Country ty District Fe	ode(s) for the Site (at les	Zip Code	

SITE ID (PAGE 2)

Make sure your EPA ID number is at the top of each page.

- 8. Complete ALL sections.
- 9. Enter **ALL** information
 - Include email and phone number.



SITE ID (PAGE 3)



10A. This section changed; please read carefully

You **must** check either "Y" or "N' – do not leave blank

10B. Include **BOTH** federal and state waste codes

			Activity (at current acti	vities (as of the da	ate submitting the	form); complete	any additional bo	xes as instructed
A. Ha	szardous	Waste A	ctivities					
Y	N	1. Ger	erator of H	azardous Waste—	if "Yes", mark onl	y one of the follow	ving—a, b, c	
			a. LQG	1,000 kg/mo (2,2) - Generates, in an (2.2 lb/mo) of acu - Generates, in an	y calendar month 00 lb/mo) or more ny calendar month ute hazardous was ny calendar month ute hazardous spi	of non-acute has to or accumulates te; or or accumulates a	zardous waste; or at any time, more at any time, more	than 1 kg/mo
			b. SQG		no (220-2,200 lb/i ute hazardous wa eanup material.			
			c. VSQG	Less than or equa	si to 100 kg/mo (2	20 lb/mo) of non-	acute hazardous (waste.
If "Ye	es" above	, indicat	e other gen	erator activities in	2 and 3, as applic	able.		
	□N	proces	ses). If "Yes	nerator (generates ", provide an expl azardous and radi	lanation in the Co	mments section.	ent and not from o	on-going
Ë,	N N	4. Tres		or Disposer of Haz			waste Part B perr	mit is required fo
Πy	N	_		ious Waste from (Off-site			
Y	N	6. Recy	cler of Haza	rdous Waste				
			a. Recycles	who stores prior	to recycling			
			-	who does not sto				
Y	N	7. Exer	npt Boiler a	nd/or Industrial Fu	urnace—if "Yes", r	mark all that apply	<i>l</i> -	
			a. Small Q	uantity On-site Bu	mer Exemption			
			b. Smeltin	, Melting, and Re	fining Purnace Exe	emption		
R W	iled at yo	ur site. I		ulated Hazardous the order they are needed.				
hand								
hand								
hand								_
hand		Ŧ						
hand								
hand								
C. Wa	s handle	d at your		d (non-Federal) H				
C. Wa		d at your						

SITE ID (PAGE 4)

11A-C. These sections changed; please read carefully

You **must** check either "Y" or "N' – do not leave blank

ID Number		OMB# 2050-0024; Expires 05/31/202
A. Other Wa		ste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.) inities
TY N	1. Tre	insporter of Hazardous Waste—If "Yes", mark all that apply.
	_	a. Transporter
	一一	b. Transfer Facility (at your site)
Dr DN	2. Ur	nderground Injection Control
TY N	3. Ur	nited States Importer of Hazardous Waste
TY N	4. Re	cognized Trader—if "Yes", mark all that apply.
		a. Importer
		b. Exporter
Y N	5. Im that a	porter/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Support G—If "Yes", mark a apply.
		a. Importer
		b. Exporter
VIC.	1 - 2/2	100 100 :
B. Universal		
Y N	1. Larg apply.	re Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that Note: Refer to your State regulations to determine what is regulated.
		a. Batteries
		b. Pesticides
		c. Mercury containing equipment
		A state of the sta
		d. Lamps
		d. Lamps
		d. Lamps e. Other (specify)
		d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) stination Facility for Universal Waste Note: A hazardous waste permit may be required for this
D. U.	2. De activity	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) stination Facility for Universal Waste Note: A hazardous waste permit may be required for this
Y N	2. De activity	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) stination Facility for Universal Waste Note: A hazardous waste permit may be required for this
D. U.	2. De activity	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) strination Facility for Universal Waste Note: A hazardous waste permit may be required for this f. d. d. d. d. d. d. Oil Transporter—if "Yes", mark all that apply.
D. U.	2. De activity	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) estination Facility for Universal Waste Note: A hazardous waste permit may be required for this f. d. d. d. d. d. in Transporter—if "Yes", mark all that apply. a. Transporter
D. U.	2. De activitie:	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) strination Facility for Universal Waste Note: A hazardous waste permit may be required for this f. d. ii Transporter—if "Yes", mark all that apply.
D. U.	2. De activitie:	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) g. Other (specify) sstination Facility for Universal Waste Note: A hazardous waste permit may be required for this f. s d Oil Transporter—if "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) d Oil Processor and/or Re-refiner—if "Yes", mark all that apply.
D. U.	2. De activitie:	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) g. Other (specify) stination Facility for Universal Waste Note: A hazardous waste permit may be required for this f. s d Oil Transporter—if "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) d Oil Processor and/or Re-refiner—if "Yes", mark all that apply. a. Processor
D. U.	2. De activities 1. User 2. User 1.	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) g. Other (specify) sstination Facility for Universal Waste Note: A hazardous waste permit may be required for this f. s Oil Transporter—if "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) d Oil Processor and/or Re-refiner—if "Yes", mark all that apply. a. Processor b. Re-refiner
D. U.	2. De schivity 2. User 3. Off-1	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) g. Other (specify) stination Facility for Universal Waste Note: A hazardous waste permit may be required for this (s d Oil Transporter—If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) d Oil Processor and/or Re-refiner—If "Yes", mark all that apply. a. Processor b. Re-refiner Specification Used Oil Burner
D. U.	2. De schivity 2. User 3. Off-1	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) g. Other (specify) striation Facility for Universal Waste Note: A hazardous waste permit may be required for this f. s d Oil Transporter—If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) d Oil Processor and/or Re-refiner—If "Yes", mark all that apply. a. Processor b. Re-refiner Specification Used Oil Burner d Oil Fuel Marketer—if "Yes", mark all that apply.
D. U.	2. De schivity 2. User 3. Off-1	d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) g. Other (specify) strination Facility for Universal Waste Note: A hazardous waste permit may be required for this (s d Oil Transporter—If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) d Oil Processor and/or Re-refiner—If "Yes", mark all that apply. a. Processor b. Re-refiner Specification Used Oil Burner

SITE ID (PAGE 5)

- 12. California does not participate in Subpart K always check "N"
- 13. Check "N" as this is not included in the Biennial Report
- 14. Check "N." California does not participate in the LQG Consolidation of VSQG Hazardous Waste

EPA ID Number	OMB# 2050-0024; Expires 05/31/2020
	nic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous 40 CFR 262 Subpart K.
V N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for defini- tions of types of eligible academic entities.
	College or University
	Teaching Hospital that is owned by or has a formal written affiliation with a college or university
	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
Y N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.
13. Episodic Gener	
Y N	Are you an SQS or VSQS generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Ad- dendum for Episodic Generator.
14. LOG Consolida	tion of VSQG Hazardous Waste
Y N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17[f]? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
45 Notification of	LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
15. NOUNCEUDITO	EQUI SILE Clustre for a certifial Accumulation Area (CAA) (optional) OK Entire Facility (required)
V N	LOS Site Closure of a Central Accumulation Area (CAA) or Entire Pacifity
Y N	
Y N	A Central Accumulation Area (CAA) Entire Facility
Y N	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mmn/dd/yyyy
Y N	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy
Y N	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mmn/dd/yyyy C. Requesting new closure date:mmn/dd/yyyy D. Date closed :mmn/dd/yyyy
Y N	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy
	A. Central Accumulation Area (CAA) Entire Pacifity B. Expected closure date:mmn/dd/yyyy C. Requesting new closure date:mmn/dd/yyyy D. Date closed:mmn/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mmn/dd/yyyy C. Requesting new closure date:mmn/dd/yyyy D. Date closed:mmn/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)
	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8) Hazardous Secondary Material (HSM) Activity A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you
16. Notification of	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8) Hazardous Secondary Material (HSM) Activity A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material. B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.
	A. Central Accumulation Area (CAA) Entire Facility B. Expected closure date:mm/dd/yyyy C. Requesting new closure date:mm/dd/yyyy D. Date closed:mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8) Hazardous Secondary Material (HSM) Activity A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material. B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

SITE ID (PAGE 5, CONTINUED)

- 15. If your site closed the Central Accumulation Area or the entire facility, check "Y" and complete this entire section
- 16. California does not participate in Hazardous Secondary Material activity; check "N"

17. Check "N." If you are notifying us that you are an Electronic Manifest Broker, you must send DTSC a separate form

EPA ID Number	OMB# 2050-0024; Expires 05/31/2	one
EFAID NUMBE	OWEW 2000-0024, Expires 03/5/12	-
	nic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory has 40 CFR 262 Subpart K.	zaro
Y N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for defining	i-
	tions of types of eligible academic entities.	
-	1. College or University	_
	Teaching Hospital that is owned by or has a formal written affiliation with a college or univer	_
	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univ	er-
Y N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.	
3. Episodic Gener	ration	
YN	Are you an SQS or VSQS generating hazardous waste from a planned or unplanned episodic event, las no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the A dendum for Episodic Generator.	
4. LQG Consolida	tion of VSQG Hazardous Waste	
Y N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Pers pursuant to 40 CFR 262.17[f]? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.	
E Notification of	LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)	
Dy DN		
	A Central Accumulation Area (CAA) Entire Facility	
-	B. Expected closure date: mm/dd/yyw	
	C. Requesting new closure date: mm/dd/yyyy	
	D. Date closed:mm/dd/yyyy	
	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	
6. Notification of	Hazardous Secondary Material (HSM) Activity	
N N	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop maning hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Materia	ū
	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels	or
□v □n	hazardous constituents that are not comparable to or unable to be compared to a legitimate product of intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comme section. You must also document that your recycling is still legitimate and maintain that documentation site.	
Y N	intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comme section. You must also document that your recycling is still legitimate and maintain that documentatio site.	

SITE ID (PAGE 6)

18. Short term generator?

You MUST include comments.

19. **NEW** Include the email of the signer.

You must send DTSC this page if you complete the report online.

ORIGINAL (not photocopied) signatures

EPAII	0 Number	OMB# 2050-0024; Expires 05/31/2020
3. Con	nments (include item number for each comment)	
pervisi submit	ertification I certify under penalty of law that this document and a ion in accordance with a system designed to assure that qualified p tted. Based on my inquiry of the person or persons who manage th	ersonnel properly gather and evaluate the information e system, or those persons directly responsible for gath-
sware	the information, the information submitted is, to the best of my kn that there are significant penalties for submitting false information	n, including the possibility of fines and imprisonment for
	ng violations. Note: For the RCRA Hazardous Waste Part A permit 70.10(b) and 270.11).	Application, all owners and operators must sign (see 40
	Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
	Printed Name (First, Middle Initial Last)	Title
→	Email	
	Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
	Printed Name (First, Middle Initial Last)	Title
	Email	

SITE ID: ADDENDUM

California does not participate in Hazardous Secondary Material Activity

DO NOT COMPLETE

PA ID Number								OMB# 2050-0024; Ex	pires 05/31/2020
							=		

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY fill out this form it:

- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2[30], 261.4[a](23), (24), or (27) (or state equivalent; See https://www.epa.gov/epawaste/hazard/dsw/ statespf.htm for a list of eligible states; AND
- You are or will be managing excluded HSM in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) (or state
 equivalent) or have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to
 manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information
 regarding your hazardous waste activities in this section. Note: If your facility was granted a solid waste variance
 under 40 CFR 260.30 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under
 the previous regulations and you are not required to notify for the HSM management activity excluded under 40
 CFR 260.30.



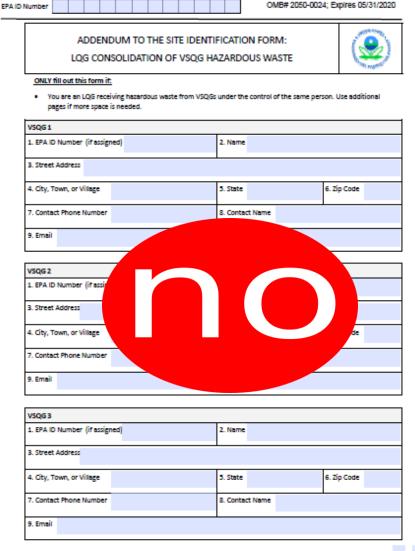
EPA Form 8700-12, 8700-13 A/B, 8700-23

Page __ of __

LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE ADDENDUM

California does not participate in the LQG Consolidation of VSQG Hazardous Waste

DO NOT COMPLETE



GENERATION AND WASTE MANAGEMENT (GM)FORM

GM FORM - WASTE ACTIVITY



You need a GM Form for <u>each</u> type of waste generated.

- Waste generated and shipped in the reporting year
- Waste generated in the <u>previous</u> year and shipped in the reporting year
- Waste generated in the reporting year and shipped in the <u>following</u> year.

EPA ID Number			OM	B# 2050-00	024; Expires 05/31/2	020
United States Environ HAZARDOUS WASTE RI WASTE GENERATION AN	EPOF	RT	(reporting cyc	ile)	Constitution of the same)
Waste Characteristics						1
A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. Source Code		Management	Method Code	(Source Cod	le G25 only)	
E. Form Code		F. Waste Min	imization Code	:		
G. Quantity UOM		Density			□ lbs/gal □ sg	
2. On-site Generation and Management of Hazardous \	Waste					
Y N Was any of this waste that was go continue to On-site Process Syste		ed at this facilit	ty treated, disp	osed, and/or	r recycled on-site? If	yes,
Process System 1 Management Method Co	de		Quantity			
Process System 2 Management Method Co	de		Quantity			
Off-site Shipment of Hazardous Waste N A. Was any of this waste that was cling? If yes, continue to Site 1.	gener	rated at this fac	cility shipped o	ff-site for tre	atment, disposal, or r	recy-
Site 1				•		
B. EPA ID of facility to which waste was shipped	C.	Management	Method Code	D. Total C	Quantity Shipped	
Site 2						
B. EPA ID of facility to which waste was shipped	1 C.	Management	Method Code	D. Total C	Quantity Shipped	
Site 3	_					
B. EPA ID of facility to which waste was shipped	1 C.	Management	Method Code	D. Total C	Quantity Shipped	
4. Comments						
EPA Form 8700-12, 8700-13 A/8, 8700-23					Pi	age_ c

	United Section		LE MA					-	TSC.				
se print or type. (Form UNIFORM HAZARD WASTE MANIFES	OUS 1. Gare	use on elite rator ID Num CARODO	her	writer.)	2. Page 5	1 of 3. Emerg	423-6080		00	558	Approve 1835	1.1.1.1.1.	. 2050-0 IJK
5. Generator's Name an State of CA E 1011 N. Gran Glendate, CA Generator's Phone: 6. Transporter 1 Compar	Dept. of Toxi styless 91201		nces Contro	ai .		6	's Site Addres 17 E. 568 os Angele	Street		1	2	61	
6. Transporter 1 Compar Armentoern Inth 7. Transporter 2 Company					11				U.S. EPA ID U.S. EPA ID	R00014	8338	_	-
5 75 South E	arre and Site Ad ter Technoli Boyte Avenu	egles.							U.S. EPA ID	Number 1009703	0993	>	
	escription (includ	ing Proper SI	hipping Name, Ha	uzard Class, ID N	umber,	-	10. Conta		11. Total	12. Unit	13	. Waste Co	des
1		i Waste L	.O.M ,blupi	S., 9, PGIII			No. 1	Type	1,600	G	132	D007	P
2.													
3.											_		-
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GM FORM: SECTION 1

FPA ID Number Reporting Cycle **Section 1:** A: Waste Description B: EPA hazardous Waste Codes C: State Hazardous Waste Codes D: Source Code a. Source Code G25: i. Must enter Management Method Code ii. **CANNOT** be H141 E: Form Code a. Form Codes may change when the Source Code is G25 F: Waste Minimization Code G: Quantity

a. Unit of Measurement (UOM)

b. Density

EPA ID I	Number							ОМЕ	3# 205	0-0024	4; Expir	es 05/3	1/2020
	v	HAZA	RDOUS W	VASTE REP	OF	·	(r	on Agency eporting cycl IT (GM) FO	e)			(
1. Wast	te Characteristi	c											
	A. Waste Desc	ription											
	B. EPA Hazard	ious Was	te Code(s)				-			+		-	
	C. State Hazan	dous Wa	ste Code(s)				Ť					工	
	D. Source Cod	e			Г	Manageme	nt I	Method Code	Source	Code	G25 onl	ý.	
	E. Form Code					F. Waste Mi	nir	mization Code					
	G. Quantity			ООМ		Density					lb:	/gal 🗌	æ
2 On-ri	ite Generation	and Man	agement of b	Hazardous Wh	este				ا				
2. 0113	Y N	Was any	of this waste		erate	ed at this faci	lîty	treated, dispo	osed, ar	nd/or n	ecycled	on-site?	If yes,
	Process System	m1 l	/lanagement	Method Code				Quantity					
	Process Syste	m 2	/lanagement	Method Code				Quantity					
3. Off-s	ite Shipment o	f Hazard	ous Waste										
			ny of this was es, continue		ener	ated at this f	sci	lity shipped of	f-site fo	r treat	ment, d	isposal,	or recy-
	Site 1												
	B. EPA ID of fa	cility to	which waste v	was shipped	C.	Managemen	t M	fethod Code	D. To	tal Qu	antity SI	nipped	
	Site 2				_				I				
	B. EPAID of fa	scility to	which waste v	was shipped	C.	Managemen	tΜ	fethod Code	D. To	otal Qu	antity SI	hipped	
	Site 3								<u> </u>				
	B. EPAID of fa	cility to	which waste v	was shipped	C.	Managemen	tΜ	fethod Code	D. To	rtal Qu	antity SI	nipped	
											,	, pro-	
4. Com	ments												

EPA Form 8700-12, 8700-13 A/B, 8700-23

GM FORM: SECTIONS 2 & 3

Section 2

Most sites check "N"

Section 3

- A. Most sites check "Y"
- B. EPA ID of receiving facility
- C. Management Method Code
- D. Total quantity shipped (to this receiving facility)

You can include more than one receiving facility on the same GM Form as long as the Waste Description, Source and Form Codes, and Unit of Measurement (UOM) are the same.

•								
EPA ID I	Number				ON	1B# 2050-00	24; Expire	s 05/31/2020
	U	Inited States Er	nvironme	ntal Protecti	ion Agenc	v		September 1
	l	ZARDOUS WAS			_	•		
	l	TE GENERATIO						San married
					()			
1. Wast	te Characteristics							
	A. Waste Description	n						
	B. EPA Hazardous	Waste Code(s)						
	C. State Hazardous	Waste Code(s)						
	D. Source Code			Management	Method Code	(Source Cod	e G25 only	
	E. Form Code			F. Waste Mini	imization Cod	e		
	a a min		UOM	Density			☐ lbs/	gal 🛮 🧣
2. On-si	ite Generation and I	Management of Haza	ardous Wast	te				
		any of the waste tha	t was genere		y treated, dis	posed, and/or	recycled o	n-site? If yes,
		nue to On-site Proce	-					
	Process System 1	Management Me			Quantity Quantity			
		- Continue	mod code		Quantity			
	ite Shipment of Haz							
	□Y □N A W	s any of ***aste to yes, continue to S	hat was gen ite 1.	erated at this fac	ility shipped o	off-site for tre	atment, dis	posal, or recy-
	Site 1	,						
	B. EPA ID of facility	to which waste was	shipped C	. Management I	Method Code	D. Total C	uantity Shi	pped
4	* •							
	B. EPA ID of facility	to which waste was	shipped (. Management I	Method Code	D. Total C	Juantity Shi	pped
	Site 3							
	B. EPA ID of facility	to which waste was	shipped 0	. Management I	Method Code	D. Total C	Juantity Shi	pped
I								
4. Com	ments							

WR FORM

WR FORM

TSDF's ONLY!!

Generators <u>DO NOT</u> fill out the WR form

ALL sections for each waste handler **MUST** be completed.

EPA ID Nun	nber				0	MB# 2050-00	24; Expires 0	5/31/2020
	HAZ	ited States I ARDOUS W ASTE RECEI	ASTE REPO	ORT	(reporting y	ear)	· www	
1. Waste	-1							
	aste Description							
B. EF	PA Hazardous Wa	aste Code(s)						
C. Str	ate Hazardous W	aste Code(s)						
D. EP	A ID Number			E. Form Code		F. Manageme	nt Code	
G. Q	uantity		UOM	Density			lbs/gal	D %
2. Waste	e 2 aste Description:							
_	A Hazardous Wa		1	T		1		
		J. C.						
C. Str	ate Hazardous W	aste Code(s)						
	A ID Number			E. Form Code		F. Manageme	nt Code	
G. Q	uantity		UOM	Density			lbs/gal	□ %
3. Waste	:3			·				
A. W	aste Description:							
B. EF	PA Hazardous Wa	ste Code(s)						
C. Str	ate Hazardous W	aste Code(s)						
D. EP	A ID Number			E. Form Code		F. Manageme	nt Code	
G. Q	uantity		UOM	Density			☐ lbs/gal	□ %
4. Comm	nents							

9 HELPFUL TIPS

- Unable to use the online database? Submit a paper copy and make sure all entries are legible. Proofread your forms.
- 2. Sign and date the Site ID form. (Preferably in blue ink)
- Include your CA waste codes on your SI, GM and/or WR Forms.
- 4. If you have flat files to submit, save your report to a USB drive (WIN 32 FAT) or CD-ROM, include the signed Site ID form, and send to DTSC.
- 5. If you are a TSDF, include your Form CC or CO.

9 HELPFUL TIPS

- 6. Don't report CA-only waste if there are no RCRA components (except TSDF's).
- 7. Include the density field when the reporting unit is gallons, liters, or cubic yards (UOMs 5, 6, or 7).
- 8. Submit an exemption request form if you are not submitting your Biennial Report.
- 9. Keep a copy of the completed report/exemption request for your records.

Note: Materials submitted will NOT be returned

MATERIALS POSTED ON DTSC'S WEBSITE AT:

DTSC.CA.GOV

Click on this link to file
electronically: DTSC
Hazardous Waste
Reporting System

Click on this link for Biennial Report information and forms: Biennial Reports Information Click on this link for Annual Report information and forms: Annual Facility Reporting Information Click on this link for contact and mailing information: <u>Hazardous</u> <u>Waste/Annual Reports</u> <u>Contact Information</u>

MANDATORY:

Send DTSC the Certification page of your SI Form

Department of Toxic Substances Control Biennial/Annual Report MS 11-27 PO Box 806 Sacramento, CA 95812-0806

OR

Department of Toxic Substances Control Biennial/Annual Report 1001 | Street MS 11-27 Sacramento, CA 95814

HOW TO CONTACT DTSC:

brsstaff@dtsc.ca.gov

(Pacific Time)







